

**Reported:**

## Lab. No.

Other \_\_\_\_\_

( ) Other \_\_\_\_\_

Send Result to: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ Wash. \_\_\_\_\_ (zip code)

Area Code/Phone ( ) \_\_\_\_\_

County \_\_\_\_\_

signature of physician

SEROLOGIC TESTS				VIRUS ISOLATION
Antigen	Type Test	S1	S2	Agent and Result

Test completed by \_\_\_\_\_  
Unit Head